

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07173

7184

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deal Island		c. LENGTH OF STAY IN 1b lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deal Island				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION at home				d. STREET ADDRESS Main Road		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)	First Marguerite	Middle	Last Coster	4. DATE OF DEATH	Month June	Day 18	Year 1961	
S. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH Nov. 30, 1892	9. AGE (In years last birthday) 68 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household		10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Theodore White				14. MOTHER'S MAIDEN NAME Jennie Wilson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT George Coster		Address Deal Island, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO 420.1 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)								
INTERVAL BETWEEN ONSET AND DEATH minutes								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from July 1955 , 19_____, to June 18, 1961 , that I last saw the deceased alive on 6-13-61 , 19_____, and that death occurred at 8AM M, from the causes and on the date stated above. ACTUAL SIGNATURE <i>Everett C. Sutter</i> PHYSICIAN'S NAME (Type) Everett C. Sutter MD								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 6/22/61		22c. NAME OF CEMETERY OR CREMATORIUM Wicomico Mem. Park		22d. LOCATION (City, town, or county) Salisbury, Maryland (State)		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Z. S. Webster</i>				ADDRESS Princess Anne, Md.		24a. REC'D BY REGISTRAR DATE JUN 27 '61		24b. REGISTRAR'S SIGNATURE <i>Caroline S. Krause</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

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1
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7185

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07174

1. PLACE OF DEATH

e. COUNTY

Somerset

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Crisfield

c. LENGTH OF STAY IN 1b

None

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

McCready Memorial Hospital

3. NAME OF
DECEASED
(Type or print)

First

Middle

Lydia

4. SEX

Female

5. COLOR OR RACE

Negro

7. MARRIED NEVER MARRIED

WIDOWED

DIVORCED

4. DATE
OF
DEATH

Month

Day

Year

June

30

1961

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Hairdresser

10b. KIND OF BUSINESS OR INDUSTRY

Beauty Parlor

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William Giller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or date of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Janie Thomas

Address

Atlantic, Va.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Coronary thrombosis.

INTERVAL BETWEEN
ONSET AND DEATH
Minutes

420.

DUE TO (Dead on arrival at McCready Hospital.

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b) Had previous history of treatment, coronary
DUE TO condition, by Dr. Norman Sartorius, Sr.,
(c) Pocomoke City, Md.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)

19. WAS AUTOPSY
PERFORMED?

YES NO

20e. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour a.m. 19
p.m.

20d. INJURY OCCURRED
While at work Not While at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
death resulted from: Natural causes Accident Suicide Homicide Undetermined manner

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

7/1/61

22e. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

22b. DATE THEREOF

7-6-61

22c. NAME OF CEMETERY OR CREMATORI

Jerusalem Cemetery

22d. LOCATION (City, town, or country)

Temperanceville

(State)

Va.

23. FUNERAL DIRECTOR

Wharton & Savage

ADDRESS

New Church, Va.

24a. REC'D BY REGISTRAR

DATE JUL 7 '61

24b. REGISTRAR'S SIGNATURE

Arthur S. Kraus

TO ESTATE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Please execute the certificate, writing the word "pending" in Pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit Permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7186

CERTIFICATE OF DEATH

Reg. Dist. No.

07175

TO **ATTENDING PHYSICIAN**: The law requires that the death certificate be executed within 72 hours after death. Page 4
 signed by the hospital or attending physician.

TO **FUNERAL DIRECTOR**: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eden		c. LENGTH OF STAY IN 1b 2 Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eden		d. STREET ADDRESS /	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS /		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Leoden	Middle Doane	4. DATE OF DEATH	Month 6	Day 18	Year 1961
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/12/1900		9. AGE (In years lost birthday) 61 yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frick Layer Helper		10b. KIND OF BUSINESS OR INDUSTRY Cement Finishing		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Samuel Henry Doane		14. MOTHER'S MAIDEN NAME Cynthia Wright					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 716-01-7158		17. INFORMANT Marion Cannon. Eden, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 162.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO involving Sarcoma Left Shoulder. (c) DUE TO Bronchogenic Carcinoma 5 Year Involvement INTERVAL BETWEEN ONSET AND DEATH 4 months							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Bronchial asthma						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____ to _____, that I last saw the deceased alive on _____, and that death occurred at _____, M, from the causes and on the date stated above.						ADDRESS (Street, city or town, state)	
ACTUAL SIGNATURE G. Herbert Sembley, M.D.						DATE SIGNED 400 E. Church St. 6/23/61	
PHYSICIAN'S NAME (Type) G. Herbert Sembley							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 6/24/61		22c. NAME OF CEMETERY OR CREMATORIUM John Wesley		22d. LOCATION (City, town, or county) Princess Anne, Md	
23. FUNERAL DIRECTOR'S SIGNATURE William H. James Jr. Princess Anne, Md		ADDRESS		24a. REC'D BY REGISTRAR DATE 26 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Knapp	

DEATH CERTIFICATE
NAME: **JOHN SMITH**
DATE OF DEATH: **12/31/2012**
AGE AT DEATH: **65**
CAUSE OF DEATH: **Heart Attack**

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7187

CERTIFICATE OF DEATH

Reg. Dist. No. 07176

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death: Page 4
 signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Somerset</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Md.</i>		b. COUNTY <i>Somerset</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Princess Anne</i>		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Princess Anne, X</i>		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First <i>Alice</i>	Middle <i>Elizabeth</i>	Last <i>Jackson</i>	4. DATE OF DEATH	Month <i>June</i>	Day <i>15</i>	Year <i>1961</i>
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years lost birthday)	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.		
Female	Negro	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	June 1, 1904	57 yrs.	Months	Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
				Norfolk, Virginia		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
<i>Edmond Brockett</i>		<i>Henrietta Brockett</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT		Address		
		<i>159-34-3594</i>		<i>Joseph Brockett</i>		<i>Princess Anne, Md.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>443 X</i>		DUE TO		<i>Cerebral Hemorrhage</i>		<i>2 days</i>		
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause, if any. <i>(b)</i>		DUE TO		<i>Hypertensive Cardiovascular</i>		<i>4 yrs.</i>		
		(c)		<i>Cardiac Compensation</i>		<i>2 mo.</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour o. m. p. m.		Month 19	Day	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <i>Princess Anne</i>	(County) <i>Som. Co.</i>	(State) <i>Md.</i>
21. I certify that I attended the deceased from <i>Sept 15, 1954</i> to <i>June 15, 1961</i> , that I last saw the deceased alive on <i>June 15, 1961</i> , and that death occurred at <i>1:15 P.M.</i> from the causes and on the date stated above.				ADDRESS (Street, city or town, state)		DATE SIGNED		
ACTUAL SIGNATURE <i>Dr. Frank C. Gainti M.D.</i>				<i>20 Prince William St Princess Anne 6/15/61</i>				
PHYSICIAN'S NAME (Type) <i>Dr. FRANK C. GINTI M.D.</i>								
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>June 18, 1961</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Mount Hope</i>		22d. LOCATION (City, town, or county) <i>Greenwood</i>		(State) <i>Som. Co. Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>Charles H. Ward Marion Md.</i>		ADDRESS		24a. REC'D BY REGISTRAR DATE JUN 19 '61		24b. REGISTRAR'S SIGNATURE <i>Arthur S. Chase</i>		

STATE OF NEW YORK
CERTIFICATE OF CATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

07177

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Fairmount		c. LENGTH OF STAY IN 1b 93 Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Fairmount		d. STREET ADDRESS X		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Rufus	Middle J.	Last Miles	4. DATE OF DEATH June 14, 1961	Month Year 19	Day	Year
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 7, 1869	9. AGE (In years last birthday) 92 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John L. Miles		14. MOTHER'S MAIDEN NAME Malcah Muir Landis						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT		Address		
				Miss Margaret Miles		Upper Fairmount, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 155.0		CARCINOMATOSIS		INTERVAL BETWEEN ONSET AND DEATH 4 MONS.				
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b)		PRIMARY CARCINOMA LIVER		UNKNOWN				
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)				
21. I certify that I attended the deceased from 6/9 , 19 58 , to 6/14 , 19 61 , that I last saw the deceased alive on 6/14 , 19 61 , and that death occurred at 10 P.M. from the causes and on the date stated above.				ADDRESS (Street, city or town, state) 212 MARKET ST. DATE SIGNED				
ACTUAL SIGNATURE C. STANFORD HAMILTON M.D.								
PHYSICIAN'S NAME (Type) C. STANFORD HAMILTON		POCOMOKE CITY, MD.						
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 6-17-1961		22c. NAME OF CEMETERY OR CREMATORIAL Miles Cemetery		22d. LOCATION (City, town, or county) upper Fairmount, Md. (State)		
23. FUNERAL DIRECTOR'S SIGNATURE Lewis R. Wilson		ADDRESS Princess Anne, Md.		24a. REC'D BY REGISTRAR DATE JUN 20 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

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FOR STATE
HEALTH DEPT
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07178

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield		b. COUNTY Somerset	
c. LENGTH OF STAY IN 1b Lifetime		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 125 Maple St.		d. STREET ADDRESS 125 Maple St.	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) ROBERT		First MILBCURN	Middle REVELLE
4. DATE OF DEATH June 3 1961		Month Dey Year	
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH Sept. 28, 1937		9. AGE (in years last birthday) 23 yrs.	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Pleasure Boat Mfg.	11. BIRTHPLACE (State or foreign country) Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME R. Milbourn Revelle		14. MOTHER'S MAIDEN NAME Florence Marie Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or details of service) Yes 1957 (6 Mos.)		16. SOCIAL SECURITY NO. 219-34-3964	17. INFORMANT Mrs. Florence Marie Milbourn-- Crisfield, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)		Address 125 Maple St.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 910.4 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)		INTERVAL BETWEEN ONSET AND DEATH 16 hrs.	
DUE TO to blow on head with baseball. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1b.) Struck in forehead by baseball from foul tip	
20c. TIME OF INJURY Hour 3:00 p.m. June 2, 1961		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Recreation area
		20f. (City or town) Crisfield	(County) (State) Somerset Md.
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
ACTUAL SIGNATURE C. G. Rawley		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) C. G. Rawley, M.D.		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF June 5, 1961	22c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery
22d. LOCATION (City, town, or county) Crisfield, Md.		22e. LOCATION (City, town, or county) Crisfield, Md.	
23. FUNERAL DIRECTOR Bradshaw & Sons -- Crisfield, Md.		24a. REC'D BY REGISTRAR JUN 9 '61	
ADDRESS		24b. REGISTRAR'S SIGNATURE C. G. Rawley	

TO PRIMARY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Every delay is necessary, please execute the certificate, writing the word "pending" in Pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME
5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07179

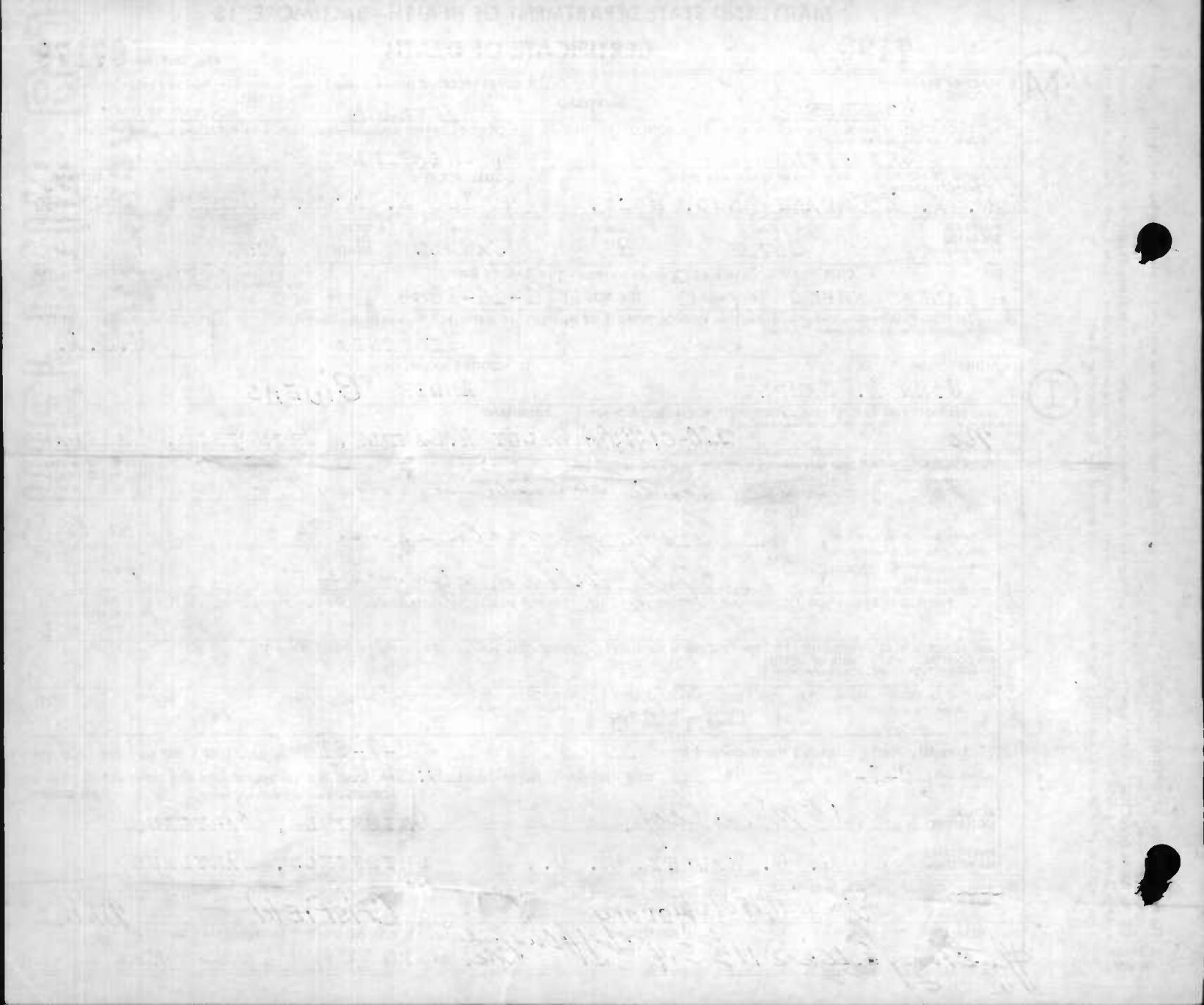
M

7190

TO **HOSPITAL OR ATTENDING PHYSICIAN**: The law requires that the death certificate be executed within 72 hours after death. Page 4 must be retained by the hospital or attending physician.

TO **FUNERAL DIRECTOR**: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY SOMERSET		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD		c. LENGTH OF STAY IN 1b RURAL and give nearest town	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EDW. W. McCREADY MEMO. HOSP.		e. STREET ADDRESS 143 S. FOURTH STREET	
3. NAME OF DECEASED (Type or print) CLYDE		First R	Middle SAMPLE
4. DATE OF DEATH JUNE 7 1961	Month JUNE	Day 7	Year 1961
S. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 1-14-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOHN A. SAMPLE		14. MOTHER'S MAIDEN NAME ANNIE Bivens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 720-01-9049A	INFORMANT SALLY A. SAMPLE, CRISFIELD, MARYLAND
Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute dilatation, heart			
DUE TO 420.1			
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) Coronary occlusion -			
DUE TO 420.1			
(c) General arteriosclerosis -			
INTERVAL BETWEEN ONSET AND DEATH 10 days - years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from _____, 19_____, to 6-7-61, 19_____, that I last saw the deceased alive on 6-7-61, 19_____, and that death occurred at 10:35 A.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>C. G. Rawley.</i>		M.D. _____ ADDRESS (Street, city or town, state) CRISFIELD, MARYLAND	
PHYSICIAN'S NAME (Type) C. G. RAWLEY, M. D.,		DATE SIGNED 6-7-61	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF June 11, 1961	22c. NAME OF CEMETERY OR CREMATORIAL Holiday	22d. LOCATION (City, town, or county) CRISFIELD
23. FUNERAL DIRECTOR'S SIGNATURE <i>Anthony E. Ward</i>		ADDRESS 115 S. 4th Street, Crisfield, Md.	24a. REC'D BY REGISTRAR JUN 12 '61
			24b. REGISTRAR'S SIGNATURE <i>Arthur S. Kraus</i>



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07180

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Princess Anne		c. LENGTH OF STAY IN 1b life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print)		First Granville	Middle Sanders
4. DATE OF DEATH		Month June	Day 12
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> b. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> Dec. 20, 1877
8. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME James Sanders		14. MOTHER'S MAIDEN NAME Esther Pritchett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Amanda Sanders, RFD, Princess Anne		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.		INTERVAL BETWEEN ONSET AND DEATH 2 months cerebral vascular accident	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertensive cardiovascular disease		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ADDRESS (Street, city or town, state)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 8-2-59, 19, to 6-12-61, 19, that I last saw the deceased alive on 6-12-61, 19, and that death occurred at 10AM, from the causes and on the date stated above. ACTUAL SIGNATURE Physician's NAME (Type) Everett C. Sutter MD		ADDRESS (Street, city or town, state) Dames Quarter, Md. DATE SIGNED 6-13-61	
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 6/14/61	
22c. NAME OF CEMETERY OR CREMATORIUM St Andrews		22d. LOCATION (City, town, or county) Princess Anne, Md. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE James Newman		24a. REC'D BY REGISTRAR DATE JUN 22 '61	
24b. REGISTRAR'S SIGNATURE Willis S. Thoms			

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TO HOSPITAL OR **ATTENDING PHYSICIAN**: The law requires that the death certificate be executed within 72 hours after death. Page 4
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

7192

MARYLAND STATE DEPARTMENT OF HEALTH
 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07181

1. PLACE OF DEATH o. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b Lifetime	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION S. Somerset Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield	
3. NAME OF DECEASED (Type or print) FRANK		First JAMES	Middle WARD
4. DATE OF DEATH June 20	Month 1961	Lost 39	Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH July 14, 1883
9. AGE (in years lost birthday) 77	10. IF UNDER 1 YEAR Months 77	11. IF UNDER 24 HRS. Days 77	12. IF UNDER 24 HRS. Hours 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Crisfield, Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Ward		14. MOTHER'S MAIDEN NAME Eliza Cullen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 218-05-8809	17. INFORMANT Mrs. Lena Ward, S. Somerset Ave., Crisfield, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 002 X		INTERVAL BETWEEN ONSET AND DEATH 2 years	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from _____, to _____, that (I) (we) last saw the deceased alive on 6-19 19 61 , and that death occurred at 2:45 P.M. from the causes and on the date stated above.			
22a. SIGNATURE C. G. Rawley		M.D. <input checked="" type="checkbox"/> ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M. D.		22d. ADDRESS W. Main St., Crisfield, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF June 22, 1961	23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery	23d. LOCATION (City, town, or county) (State) Crisfield, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfield, Maryland		ADDRESS	25a. REC'D BY REGISTRAR DATE JUN 23 '61
			25b. REGISTRAR'S SIGNATURE Arthur S. Krause

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

to be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

07182

7193		M		X		I		O		B			
1. PLACE OF DEATH a. COUNTY		Somerset		Maryland		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		Maryland		b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Chance		LIFETIME		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Chance		c. LENGTH OF STAY IN 1b			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		AT Home				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First	Middle	lost	WHEATLEY	4. DATE OF DEATH	Month	Day	Year				
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday) yrs.	10. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired)	11. KIND OF BUSINESS OR INDUSTRY	12. BIRTHPLACE (State or foreign country)	13. CITIZEN OF WHAT COUNTRY?	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
Female		White	WIDOWED <input checked="" type="checkbox"/>	Divorced <input type="checkbox"/>	Mar. 28-1877 84	Retired	Household	Maryland	21. SA	Months	Days	Hours	Min.
14. FATHER'S NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		Address			
GABRIEL JONES		No		None		MARTIN WHEATLEY - DEAL		no ISLAND					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Arterionephrosis of kidneys						INTERVAL BETWEEN ONSET AND DEATH years					
446X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first.		(b)											
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		arteriosclrotic heart disease						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)											
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year 19	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Dames Quarter, Maryland	(County)	(State)						
21. I certify that I attended the deceased from		4-26-61	19	to	6-5-61	19	that I last saw the deceased						
alive on		6-5-61	19	and that death occurred at	8pm	M	from the causes and on the date stated above.						
ACTUAL SIGNATURE		Everett C. Sutter		M.D.		ADDRESS (Street, city or town, state)		DATE SIGNED					
PHYSICIAN'S NAME (Type)		Everett C. Sutter		MD		Dames Quarter, Maryland		6-5-61					
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORIUM		22d. LOCATION (City, town, or county)		(State)					
Burial June 7-1961				Rock Creek		Chance		Md					
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE							
J. D. Webster Powers		Ave		DATE JUN 12 '61		J. D. Webster Powers							

CERTIFICATE OF DEATH

MILLICAN

MILLICAN